

# FFY 2008 Annual Synar Reports

# YOUTH TOBACCO SALES

## Overview of the Problem

Cigarette smoking has been identified as a major public health challenge in the United States (Doubeni et al., 2008). In 2007, 60.1 million individuals aged 12 years or older, or 24.2 percent of the United States population, were current cigarette smokers. According to the National Survey on Drug Use and Health, conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), 36.8 million or 61.3 percent of all smokers used cigarettes on a daily basis (SAMHSA, 2008). Cigarette smoking and exposure to tobacco smoke are associated with premature death from chronic diseases, economic losses to society, and a substantial burden on the United States health-care system (Centers for Disease Control and Prevention [CDC], 2008b). From 2000 to 2004, smoking resulted in an estimated annual average of 269,655 deaths among males and 173,940 deaths among females in the United States. The three leading causes of smoking-attributable death were lung cancer (128,922), ischemic heart disease (126,005), and chronic obstructive pulmonary disease (92,915) (CDC, 2008b).

## Youth Tobacco Use

Youth tobacco use rates are a concern for the overall health and well-being of Americans. Priority health-risk behaviors, including tobacco use, are often established during childhood and adolescence, extend into adulthood, are interrelated, and are preventable (CDC, 2008a). Smoking experimentation and progression to regular use in adolescents may lead to nicotine addiction and preventable major adverse health risks (Doubeni et al., 2008). In 2007, 119,700 individuals aged 12–17 smoked cigarettes for the first time. This rate is significantly lower than the estimate for 2006 (132,800), but significantly higher than the 2002 rate of 110,580 first-time smokers aged 12–17. It is estimated that approximately 6,100 individuals begin smoking every day, with the average age of initiation at 16.9 years old. Young adults between the ages of 18 and 25 have the highest rate of current use of a tobacco product (41.8 percent), compared with youths aged 12 to 17 years and adults aged 26 years or older (SAMHSA, 2008). This early initiation and sustained use of tobacco products during adolescence may be a contributing factor related to the elevated smoking rates among those aged 18 to 25 years. As such, it is extremely important to address the issue of youth tobacco access and use.

According to the 2007 National Survey on Drug Use and Health results, 12.4 percent of youth aged 12 to 17 had smoked at least one cigarette within the last 30 days (SAMHSA, 2008). Among current youth tobacco smokers, 43.2 percent reported smoking 6 to 15 cigarettes per day. In 2007, the rate of current illicit drug use was approximately 9 times higher among youths aged 12 to 17 who smoked cigarettes in the past month (47.3 percent) than it was among youth who did not smoke cigarettes in the past month (5.4 percent). Alcohol consumption levels are also associated with tobacco use. Heavy alcohol use among those aged 12 years or older who smoked cigarettes in the last month was found to be 45.0 percent, while only 16.4 percent of non-binge drinkers were current smokers (SAMHSA, 2008).



A decorative graphic at the top of the page features a stylized American flag with stars and stripes, transitioning into a solid yellow banner.

Some positive trends in smoking rates have been identified between 2002 and 2007. Specifically, past month cigarette use declined across the U.S. population aged 12 to 17 years from 13.0 percent in 2002 to 9.8 percent in 2007 (SAMHSA, 2008). One factor that can influence whether youth will use tobacco is the extent to which youth believe these substances might cause them harm. The proportion of youth aged 12 to 17 years who reported perceiving significant risk from smoking one or more packs of cigarettes per day increased from 63.1 percent in 2002 to 68.8 percent in 2007. Parental disapproval may also play a major role in promoting healthy lifestyle choices among youth. Among youth who perceived strong parental disapproval of their smoking one or more packs of cigarettes daily, past month cigarette use was reported in 7.2 percent of youth, versus 41.5 percent of youth who believed their parents would not strongly disapprove of cigarette smoking (SAMHSA, 2008).

## SAMHSA's Response to Youth Tobacco Use Through the Synar Program

Prevention of retail tobacco sales is one strategy within a larger public health approach to reduce the consumption of tobacco products. Preventing the use of tobacco products by young people provides an important opportunity to reduce or prevent the death and disability that potentially accompany tobacco use. One part of a comprehensive strategy to reduce youth tobacco use is to reduce youth access to tobacco products. Research has shown that youth who perceive easy access to tobacco products through retailers are more likely to acquire and experiment with these products, thereby increasing their risk for smoking initiation (Doubeni et al., 2008; Stead and Lancaster, 2005). Additionally, perceived accessibility also increased the risk of regular smoking (Doubeni et al., 2008). Reducing youth retail access to tobacco products assists the Department of Health and Human Services (DHHS) to meet its goal of reducing smoking so substantially that it is no longer a significant public health problem in the United States (CDC, 2008b). SAMHSA is charged with the responsibility of monitoring State implementation of the Synar program, including enforcement of tobacco sales to youth across the United States and U.S. jurisdictions, as a means of reducing youth access to tobacco.

### Comprehensive Tobacco Control Programs Reduce Youth Access to Tobacco Products

Researchers who have studied youth access to tobacco recommend that several key components be included in a comprehensive youth tobacco access control program. These include:

- Designating an agency with clear responsibility for enforcement and oversight of the State tobacco control program
- Providing adequate and guaranteed funding for enforcement and supporting activities
- Disposition of meaningful penalties
- No preemption of local ordinances
- Implementation of comprehensive merchant and community education campaigns (Stead and Lancaster, 2000, 2005; DiFranza, 1999; Levy et al., 2000)

- Comprehensive State youth tobacco control law, including licensure with a graduated fine structure, and/or license revocation
- Price increases on tobacco products.

Research has shown that enforcing State youth tobacco access control laws results in changes in retailer sales practices, thereby reducing illegal tobacco sales to minors. As a result of these changes in sales practices, youth who are experimenting with tobacco or considering initiation of tobacco use will have a more challenging time locating reliable and convenient sources for purchasing tobacco and will likely be discouraged from establishing the habit of regular tobacco use (Doubeni et al., 2008; Forster et al., 1998). Furthermore, the implementation of policies to support youth tobacco control measures, in concert with regular enforcement practices, establishes a normative climate in which the sale of tobacco products to minors and the use of tobacco by youth are perceived as unacceptable by the community at large (Forster et al., 1998).

Stead and Lancaster (2000) found that a comprehensive and multifaceted enforcement program was extremely effective in reducing and preventing tobacco sales to minors. The authors found that when commencing an enforcement program, it is important to implement merchant and public education campaigns to educate the public and retailers regarding retailer legal requirements pertaining to tobacco sales to youth. As a final step in the enforcement process, the authors recommend notifying the public of which retailers complied with the law and which did not (Stead and Lancaster, 2000).

The addition of media coverage has also been found to be effective in further reducing retailer violation rates (RVRs) of illegal tobacco sales to youth, following enforcement inspections. Stead and Lancaster (2005) found that media campaigns that address the issue of social source purchases had a positive effect on reducing retailer sales of tobacco products to minors. Price increases also had a significant effect on reducing youth access to tobacco products. Not only are price increases useful in reducing cigarette purchases by youth due to economic restrictions, but price restrictions also play a role in reducing the provision of cigarettes through social sources. Specifically, if cigarettes become prohibitively expensive, individuals may be less willing to share their cigarettes, and youth are less able to purchase cigarettes because of the increased price point (Stead and Lancaster, 2005).

Overall, a comprehensive and multifaceted youth tobacco access control program has been found to be effective in reducing youth access to tobacco products. Through the Synar program, SAMHSA supports States and U.S. jurisdictions in implementation of their statewide youth tobacco access prevention programs.

## The Synar Amendment

In July 1992, Congress enacted the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (P.L. 102-321), which includes the Synar Amendment (section 1926) aimed at decreasing youth access to tobacco. This amendment requires States to enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under 18 years old. To determine compliance with the legislation, the amendment requires each State and U.S. jurisdiction to conduct annual, random, unannounced inspections of retail tobacco outlets and to report the findings to the Secretary of DHHS. States that do not comply with the requirements set forth in the amendment are subject to a penalty of 40 percent of their Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funding.

## The Synar Regulation

Because it plays a lead Federal role in substance abuse prevention, SAMHSA was charged with implementing the Synar Amendment. In January 1996, SAMHSA issued the Synar Regulation to provide guidance to the States. The regulation stipulates that to comply with the Synar Amendment, each State must have in effect a law prohibiting any manufacturer, retailer, or distributor of tobacco products from selling or distributing such products to any individual under age 18. States also must:

- Enforce such laws to a degree that can reasonably be expected to reduce the illegal sale of tobacco products to individuals under age 18.
- Develop a strategy and negotiate a timeframe with SAMHSA for achieving an RVR of 20 percent or less by Federal fiscal year (FFY) 2003.
- Conduct annual, random, unannounced inspections of over-the-counter tobacco outlets and vending machines to ensure compliance with the law. These inspections are to be conducted in such a way as to provide a valid sample of outlets accessible to youth.
- Submit an annual report that details the actions undertaken by the State to enforce its law and includes information on the overall success the State has achieved during the previous FFY in reducing tobacco availability to youth, the methods used to identify outlets, its inspection procedures, and its plans for enforcing the law in the next FFY.

States measure their progress in reducing youth access to tobacco via annual, random, unannounced inspections (also known as the Synar survey). SAMHSA, through its Center for Substance Abuse Prevention, Division of State Programs annually reviews each State's Synar survey and results, and provides technical assistance (TA) to help States comply with the requirements.

## Major Findings

Community studies conducted before 1996 indicated that RVRs in a number of States were in the 60- to 90-percent range. Synar data reported by States in FFY 1997 translated to a 40.1-percent average tobacco RVR baseline, with the highest RVR reported that year of 74.6 percent. Major findings for FFY 2008 include:

- The national weighted average rate of tobacco sales to minors (RVR) as reported by States and the District of Columbia (DC) in their FFY 2008 Annual Synar Reports is now 9.9 percent. This is the lowest RVR in Synar's 12-year history.
- FFY 2008 is the third year in Synar history for which the Secretary found no State out of compliance with the Synar Regulation.
- In FFY 2008, 46 of the 51 States and DC achieved an RVR below 15 percent (up slightly from 45 States in FFY 2007), and 26 of the 51 achieved an RVR below 10 percent (up slightly from 25 States in FFY 2007).

## Downward Trend in RVRs Observed

Data reported by the States in the 12-year period from FFY 1997 through FFY 2008 indicate a clear downward trend in RVRs associated with implementation of the Synar Regulation.

The State RVRs were determined by the results of a series of random, unannounced compliance checks of tobacco retailers conducted by each State during the period from October 1, 2006, to September 30, 2007. These rates represent the percentage of inspected retail outlets that sold tobacco products to an inspector under 18 years old. The national weighted average was computed by weighting each State's reported RVR by that State's population.

Table 1—Comparison of Reported Retailer Violation Rates for FFYs 1997–2008

Fiscal Year	Highest Reported Rate	Lowest Reported Rate	Weighted Average Rate
1997	72.7%	7.2%	40.1%
1998	58.8%	5.5%	25.4%
1999	46.9%	4.1%	20.5%
2000	55.8%	6.3%	20%
2001	36.0%	6.0%	17.5%
2002	33.7%	4.5%	16.3%
2003	30.2%	5.4%	14.1%
2004	41.9%	3.9%	12.8%
2005	38.0%	0.9%	11.6%
2006	19.2%	2.2%	10.8%
2007	22.7%	3.2%	10.5%
2008	17.0%	4.1%	9.9%

## All 50 States and DC Achieved the Overall Synar Goal

Between FFY 1997 and FFY 2002, all States and U.S. jurisdictions were legislatively required to negotiate with SAMHSA individual RVR targets in order to be found in compliance with the Synar Regulation. Since FFY 2003, all States and U.S. jurisdictions have been required to meet the federally established RVR target of 20 percent (+/- 3 percent margin of error allowed for States that conduct a sample). FFY 2006 was the first year that all States and DC were found in compliance with all Synar regulatory requirements, and this trend has continued in to FFY 2008.

Table 2—Synar Retailer Violation Rates (FFY 2008)

State Name	Target	Reported	State Name	Target	Reported
Alabama	20.0%	10.3%	Montana	20.0%	4.1%
Alaska	20.0%	9.2%	Nebraska	20.0%	11.4%
Arizona	20.0%	5.7%	Nevada	20.0%	9.9%
Arkansas	20.0%	4.2%	New Hampshire	20.0%	10.2%
California	20.0%	10.7%	New Jersey	20.0%	12.2%
Colorado	20.0%	8.5%	New Mexico	20.0%	10.2%
Connecticut	20.0%	14.0%	New York	20.0%	6.1%
Delaware	20.0%	5.4%	North Carolina	20.0%	11.5%
District of Columbia	20.0%	15.7%	North Dakota	20.0%	5.8%
Florida	20.0%	6.2%	Ohio	20.0%	17.0%
Georgia	20.0%	8.7%	Oklahoma	20.0%	12.5%
Hawaii	20.0%	8.7%	Oregon	20.0%	15.6%
Idaho	20.0%	13.8%	Pennsylvania	20.0%	6.8%
Illinois	20.0%	5.3%	Rhode Island	20.0%	11.1%
Indiana	20.0%	14.7%	South Carolina	20.0%	12.4%
Iowa	20.0%	11.6%	South Dakota	20.0%	8.3%
Kansas	20.0%	12.9%	Tennessee	20.0%	10.9%
Kentucky	20.0%	6.2%	Texas	20.0%	13.4%
Louisiana	20.0%	7.2%	Utah	20.0%	8.4%
Maine	20.0%	5.2%	Vermont	20.0%	14.0%
Maryland	20.0%	15.7%	Virginia	20.0%	9.7%
Massachusetts	20.0%	10.3%	Washington	20.0%	9.4%
Michigan	20.0%	15.3%	West Virginia	20.0%	14.2%
Minnesota	20.0%	7.9%	Wisconsin	20.0%	4.5%
Mississippi	20.0%	5.1%	Wyoming	20.0%	7.7%
Missouri	20.0%	5.6%			

## The U.S. Jurisdictions

The Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act of 2008 (P.L. 110-161) contains language (section 213) that prevents the Secretary of DHHS from withholding substance abuse prevention funds, pursuant to section 1926, from a U.S. jurisdiction that receives less than \$1 million in SAPT Block Grant funds, and that fails to meet the required 20-percent noncompliance rate. This provision applies to the following U.S. jurisdictions: the Virgin Islands, American Samoa, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, and Palau. This provision does not apply to the District of Columbia and Puerto Rico, which both received more than \$1 million in SAPT Block Grant funds in FFY 2008.

While SAMHSA is prohibited from withholding substance abuse funds from jurisdictions that do not comply with the Synar regulatory requirements, SAMHSA maintains oversight of Synar program development in all U.S. jurisdictions, including visits for program review and enhancement. This support has enabled the U.S. jurisdictions to develop effective youth tobacco access control programming and to demonstrate significant progress in reducing youth access to tobacco. Six jurisdictions have made significant progress and met the FFY 2008 Synar regulatory requirements, despite the challenges posed by their special circumstances. These jurisdictions are American Samoa, Guam, Northern Mariana Islands, Palau, and Puerto Rico.

## Comprehensive Strategies Are Most Effective

DHHS has found that States that have developed and implemented an overall comprehensive tobacco prevention program have been successful in not only reducing the public health burden of smoking-related diseases, but also in reducing youth access to tobacco products. DHHS recommends that States implement comprehensive youth tobacco control programs that include the following key components: community programs to reduce tobacco use, chronic disease programs to reduce the burden of tobacco-related diseases, school programs, statewide programs, counter-marketing, cessation programs, surveillance and evaluation, administration and management, and enforcement. Reducing youth access to tobacco products—the goal of the Synar program—is critical to the enforcement component.

In its oversight of State Synar youth tobacco access control programs over the past 12 years, SAMHSA has observed that compliant States share multiple characteristics. Specifically, these States employ a comprehensive strategy that combines vigorous enforcement, political support from the State government, and a climate of active social norms that discourage youth tobacco use. Tobacco access control programs in these successful States tend to be well coordinated and include an array of strategies. These strategies often include:

- New policy and regulatory activities, including statewide tobacco retailer licensing
- Partnership with SAMHSA, CDC, and other tobacco-directed State programs
- State and local law enforcement agencies actively enforcing State tobacco laws
- Merchant and community education targeted in areas with higher noncompliance rates that are made available in the language of the local community and are sensitive to cultural differences
- Extensive media advocacy
- Use of community coalitions to mobilize community support for restricting youth access to tobacco.

## Best Practices Among States

Many States have demonstrated best practices in implementing State youth tobacco access control programs since the inception of the Synar program. From among these many exemplary programs, SAMHSA has selected programs from four States that highlight unique uses of tobacco control programming to support overall success. While this snapshot of exemplary State practices is not inclusive of all State best practices, it highlights key components that support effective Synar programs. These States—California, Hawaii, New Hampshire, and Texas—have been successful in reducing youth access to tobacco products over time. California has put in place a system that encourages localities to develop and implement grassroots campaigns to promote the enactment of local tobacco outlet licensure ordinances. This process is possible because California’s tobacco retailer licensure law allows localities to implement local ordinances that are more stringent than State law. The resulting ordinances—many of which are stricter than the State law—represent a local response to reducing retail sales to minors. Hawaii implements a comprehensive enforcement approach that has included consistent and targeted State funding for enforcement, extensive tracking of retailer violations, targeted followup inspections, and the use of handheld personal digital assistants (PDAs) for consistent and data collection. The State also uses its enforcement data for planning and evaluation purposes.

Two States, New Hampshire and Texas, utilize a substance abuse prevention approach to address tobacco use and youth access issues across their States. These States have used the Strategic Prevention Framework (SPF) process to guide program planning, implementation, and evaluation. New Hampshire has been innovative in developing a comprehensive State tobacco control program that is inclusive of youth tobacco control activities to reduce retail sales to minors. New Hampshire’s plan incorporates tobacco control best practices into their core public health strategy. Texas has taken a unique approach to consolidate its State tobacco prevention and control programming into one division within the State health department. This consolidation has allowed the State to comprehensively assess and direct all tobacco prevention and control programming across the State to ensure effectiveness and efficiency.

### California—Local Retailer Licensing Ordinances: A Community-Based Approach

As of 2008, 37 States require retailer licensure for over-the-counter and vending machine tobacco sales. Four States require licenses for over-the-counter sales only, and three other States require licensure for vending machine sales (CDC, 2008c). California State law requires all retailers, distributors, wholesalers, manufacturers, and importers to apply for and maintain a license to sell tobacco products. The State licensure law requires vendors to pay a one-time licensing fee of \$100 per location, and wholesalers and distributors are required to pay \$1,000 per year. Tobacco retailers are required to renew their licenses on an annual basis. Tobacco retailers who fail to renew their licenses on time are subject to a \$100 reinstatement fee. California State law stipulates penalties for illegal tobacco sales violations, and includes provisions for license suspension and revocation. It is important to note that enforcement action against any tobacco retailer for illegal sales violations may only occur during years in which California’s RVR falls above 13 percent (a rare occurrence). Because of the lack of strong illegal sales provisions within the State law, the California Department of Public Health, California

Tobacco Control Program (CTCP)—through its leadership, training, and education efforts—has promoted local tobacco retailer licensure policy adoption campaigns as an effective statewide strategy to reduce illegal tobacco sales to youth and support ongoing illegal sales enforcement efforts.

As a primary means of implementing its statewide youth tobacco access control strategy, CTCP funds tobacco control efforts housed within each of its 61 local health departments, as well as community-based agencies. The local health departments, and other community-based projects, are responsible for planning, implementing, and evaluating a comprehensive local tobacco control program. Currently, 56 percent of all local health departments are working to adopt local licensing ordinances in their jurisdictions. Compared to 3 years ago, this figure represents an 11-percent increase in the number of local health departments working on tobacco retailer licensing and a 27-percent increase among rural counties, specifically. A small percentage of community-based tobacco control projects are also working to adopt similar types of policies at the local level. As of April 2009, approximately 100 communities in California have adopted a local licensing ordinance.

Forster and colleagues (1996) support the use of local ordinances as an effective youth tobacco access control strategy. The authors found that one of the most effective components of a local retail tobacco ordinance is the movement away from criminal fines for sales to minors, as found in many State laws, to local ordinances that create a civil penalty fine structure, including administrative fees or license suspension, for retailers who violate the law. Within the context of civil penalties, the authors recommend the inclusion of a graduated fine system for repeat offenders. Localities that institute relatively low initial fines have found that this practice generally encourages compliance. License suspension and revocation are encouraged as a method of last resort. Modest fines have been found to be effective in reducing youth tobacco sales, whereas having no penalty for a first offense has not been found to be effective and is not recommended (DiFranza, 2005). Forster and colleagues (1996) also recommend the inclusion of a provision in local ordinances to allocate a portion of the revenue collected through penalties to fund enforcement efforts. This type of provision serves as a means of funding and program sustainability at the local level.

DiFranza (2005) also identifies the use of tobacco licensure as a recommended component of tobacco control programs. Not only do local licensing ordinances provide a mechanism for preempting less stringent State laws, but they provide an excellent resource for developing and maintaining a comprehensive database of tobacco retailers. Such a database is essential for planning effective enforcement strategies, reinspecting vendors that previously sold tobacco to youth, tracking violations, assisting the State in developing its list frame for the conduct of the Synar survey, and providing merchant education materials to local retailers (DiFranza, 2005).

The California Department of Public Health provides statewide TA to local tobacco control programs that receive tobacco control funding. Forms of TA may include guidance with conducting community needs assessments, assistance developing and implementing policy campaign strategies, recommendations pertaining to conducting evaluation and surveillance activities, and assisting localities to tailor local policy efforts to community needs and characteristics. As part of its overall tobacco control effort, CTCP promotes local tobacco retailer licensing campaigns as a means of both increasing the number of local licensing policies with meaningful provisions and boosting retailer compliance with sales to minors laws. According to CTCP, meaningful or “strong” provisions include an annual license application and renewal fee, graduated fines for violations of any local or State tobacco control law, and license suspension and revocation penalties. Licensing fees and fines should fully fund administrative

costs of the licensing program and ongoing enforcement activities. Annual licensing fees range from \$5 to \$400. Penalties across the State also include provisions to revoke a license for repeat tobacco sales to minors. In some communities, retailers may violate the law as many as three times in a year before the retailer license is revoked, whereas in other communities, a retailer may have its license suspended after only one violation has occurred.

CTCP and local tobacco control projects have found local tobacco retailer licensing ordinances to be very effective in reducing retail tobacco sales to youth. Specifically, some communities have experienced a 30- to 50-percent decline in retailer violations following the enactment of a local licensing ordinance. Retailers are often very willing to institute consistent point-of-sale practices to avoid tobacco sales to minors following the receipt of fines or penalties, or suspension or revocation of their tobacco license. Suspension and revocation, in particular, considerably impact a retailer's bottom line through substantial revenue losses. Finally, enactment of licensing laws has stimulated enforcement personnel to become more engaged in local tobacco control activities. Many local tobacco control programs have identified increased communication between local law enforcement agencies and tobacco control program staff as a result of the passage of local ordinances. These programs have also observed increased interest on the part of local law enforcement to participate on tobacco control coalitions. This clearly demonstrates the effectiveness of community-level implementation of environmental strategies targeting high-priority community needs. The need to continue reducing youth access to tobacco in California is not just a State but also a community issue that requires the attention of multiple levels of stakeholders. To be successful, community involvement in and support of tobacco control policies are essential to create widespread change to support public health goals. The proliferation of strong local tobacco retailer licensure ordinances that meet the specific needs of individual communities or localities is partly responsible for California's low RVR of 10.7 percent in FFY 2008. This policy-driven strategy represents an effective option for States that wish to empower local communities to reduce illegal sales rates through a self-sustaining program.

## Hawaii—Exemplary Enforcement Practices

The Hawaii Department of Health, Alcohol and Drug Abuse Division (ADAD) has implemented an exemplary and comprehensive enforcement program to address illegal retailer sales of tobacco products to youth. The Hawaii State Syнар program has utilized consistent funding, and coordinates its enforcement and prevention efforts between the Department of Health's Tobacco Prevention and Education Program (TPEP) and the University of Hawaii, Cancer Research Center of Hawaii (CRCH). CRCH, through a contract with ADAD, coordinates year-round enforcement across the State, and tracks retailer sales violations throughout the year to target inspections to repeat offenders. CRCH also provides TA to county law enforcement officers regarding the conduct of enforcement. From the data collected during enforcement inspections, CRCH identifies retailers who could benefit from merchant education due to repeated sales and identifies areas where violations are high. This information is provided to TPEP, which then provides merchant education and training to targeted retailers and county areas with high sales rates.

Active and regular enforcement of youth tobacco access laws has been found to be one of the most effective methods of reducing youth access to tobacco products from retail outlets. More frequent compliance inspections have been correlated to significant reductions in illegal sales to minors. Reinspecting outlets where previous violations have occurred has also been found to be effective in

lowering sales to youth (Howard et al., 2001). However, many States find it challenging to identify and access consistent funding sources for program staff and enforcement to implement these practices, which Howard and colleagues (2001) have identified as essential for implementing a successful youth tobacco access control program. Like many States, Hawaii has overcome this challenge by allocating Master Settlement Agreement funds to support enforcement efforts. This has played a major role in the State's success in reducing its RVR over time.

In Hawaii, county-level police officers from Juvenile Services Divisions are most often responsible for conducting retailer enforcement. Tobacco settlement funds are allocated to ADAD, which then contracts with county police departments to conduct enforcement. Law enforcement officers receive overtime pay to conduct plainclothes enforcement inspections with youth volunteers on an ongoing basis. CRCH receives a separate contract from ADAD to provide TA services to county-level law enforcement officers throughout the State to ensure that each officer receives consistent training on inspection protocols, issues regarding youth safety, and appropriate selection of youth volunteers. CRCH also ensures that all enforcement is conducted on a consistent basis across the State, and follows the same protocols.

As a means of fulfilling its role as the law enforcement TA provider, CRCH has developed a digital entry data form, which has been installed on PDAs. The use of PDAs as a data collection instrument allows CRCH staff and youth inspectors to complete the data entry process following each inspection in a timely and efficient manner. One of CRCH's main TA tasks is to provide training to youth inspectors on the inspection protocol and the use of the PDA data collection system. Hawaii has used PDAs during enforcement inspections since 2007, and during Synar inspections since 2008. CRCH staff and youth inspectors have reported that the PDA data entry process is very simple and provides more clarity than the paper forms provided. For example, the PDA software includes pictorial images of retail outlets. Additionally, the enforcement inspection form will not close until each field has been fully completed. This embedded checks-and-balances process within the PDA enforcement software has dramatically reduced problems associated with incomplete data collection in the field. A second major benefit of the use of PDAs is the elimination of secondary data entry, which was required with the use of paper inspection forms. Data collected using the PDAs are easily downloaded by the CRCH staff and imported to the CRCH database for analysis. This provides Hawaii with nearly real-time data processing and analysis.

Hawaii reports the use of PDAs does not come without its challenges, but the State has found that benefits of the use of PDAs have far outweighed its challenges. Challenges that have been identified include battery and device failures in the field and glitches in the software program. In order to ensure that technological challenges do not disrupt inspection processes, CRCH provides a car charger and paper inspection forms. Software glitches, when they do occasionally occur, are responded to in a timely manner by the CRCH information technology team. Overall, these challenges have been successfully addressed by CRCH and field inspection teams, and the use of PDAs is considered a best practice in the State.

A second challenge that has been reported by enforcement officers involves the use of overtime hours to conduct tobacco retail enforcement. In Hawaii, inspections are generally conducted on weekends, because officers must complete their full 40-hour workweek before they can begin enforcement inspections. While officers reported this as a challenge—presumably because working overtime and on



the weekend places a burden on the officers—research supports the practice of conducting tobacco outlet inspections on weekend days. According to a study conducted by Clark and colleagues (2000), tobacco retail sales to youth were significantly higher on Saturdays and after 5:00 pm than on other days and at other times of the week. The study also found that clerks who worked during the evening hours generally received less training and were less closely supervised than their daytime counterparts. By conducting enforcement inspections on the weekend, Hawaii has implemented a best practice of conducting inspections on days when retailers are most likely to sell tobacco products to youth. Hawaii, however, does not conduct inspections during evening hours due to safety and curfew concerns for youth inspectors.

Overall, Hawaii has implemented a comprehensive and exemplary youth tobacco access control program that emphasizes a comprehensive enforcement and merchant education and support program. The use of consistent training, inspection protocols, and easy-to-use data collection instruments assists in the process of meaningful surveillance research (Glanz et al., 2007). The surveillance findings are also used by the State to direct programming. Specifically, CRCH uses the enforcement data collected through PDAs to identify regions that have consistently high RVRs, through geographic information system mapping technology. These data are shared with TPEP. CRCH and TPEP use these data to determine where targeted merchant education and community awareness campaigns should be conducted. The enforcement data are also used by CRCH to advise county enforcement officers where repeat or canvass inspections should occur. As evidenced in Hawaii, interagency collaboration has also been found to be a best practice for reducing youth tobacco sales rates (Howard et al., 2001). Hawaii demonstrates this interagency collaboration between ADAD, CRCH, county enforcement officers, and TPEP. The State's interagency collaboration has demonstrated significant positive results in reducing Hawaii's tobacco RVR to 8.7 percent in FFY 2008.

## New Hampshire and Texas—A Public Health Approach to Youth Tobacco Control

Strategic planning based on needs and resource assessment is a fundamental component of SAMHSA's SPF and the public health process. This planning process is also a foundational component of developing a sustainable prevention infrastructure system. Integral components of the SPF process include conducting a needs and resource assessment, developing a strategic plan to address priority issues, capacity development and mobilization, identifying best practices to address priority areas, and evaluation and monitoring activities. New Hampshire, through its Department of Public Health Services (DPHS), has developed a State plan, based on the strategic prevention framework, to address youth tobacco access control. Texas has also utilized the public health approach to tobacco control and is utilizing the SPF process to combine all tobacco prevention and control programming under one unit within the Texas Department of State Health Services. This programming merger will allow Texas to take a systematic and planned approach to addressing tobacco prevention and control activities across the State, while maximizing program resources.

### New Hampshire

New Hampshire DPHS developed a strategic plan, known as Preventing Youth Access to Tobacco (PYATT), as a means to provide structure for communication, collaboration, and coordination among State and local agencies that have interest, capacity, and expertise in tobacco prevention and control.

The State's goal, through PYATT, is to increase the effectiveness of strategy implementation across the State in order to achieve improved programming outcomes. PYATT includes six major components:

- Interagency cooperation
- Youth involvement
- Compliance and enforcement
- Conducting a coverage study
- Merchant education
- Community education.

Collectively, these components encompass what SAMHSA recommends as a comprehensive youth tobacco control program.

PYATT was created as a means to highlight and maintain community and merchant awareness that youth tobacco control is a priority for New Hampshire. PYATT was based upon four core principles, which are used to guide DPHS's identification and implementation of best practices to meet New Hampshire's overall goal of reducing youth retail access to tobacco products. PYATT core principles are as follows:

- An increase in retailer compliance will reduce youth access to tobacco products.
- A reduction in youth access to tobacco products will reduce the incidence of youth use of tobacco products.
- A reduction in the incidence of tobacco use by youth will reduce underage demand for tobacco products.

Interagency cooperation is a key element of the PYATT plan. Across State agencies multiple programs are involved in tobacco prevention and control activities. In many cases in New Hampshire, programming is fragmented, with differences in philosophies, workplans, and funding streams. PYATT seeks to engage and coordinate these multiple programs in order to provide a comprehensive structure for planning, implementing, and evaluating tobacco prevention and control activities across the State. PYATT also seeks to engage youth in the planning and implementation processes. Currently, youth are engaged in the conduct of Synar and enforcement inspections. However, New Hampshire seeks to increase the role youth play in the State's comprehensive approach to address tobacco prevention and control. DPHS plans to recruit additional youth from existing coalitions to develop its youth tobacco control program. Specifically, DPHS will seek youth input on the development of youth education campaigns and community activities that address youth exposure and access to tobacco products, and on the development of policies to address youth access to tobacco.

Compliance and enforcement is a third area included in the PYATT plan. Through the development of the PYATT plan, New Hampshire has been able to create a system for conducting compliance inspections on a year-round basis, rather than only in the summer months, which was the standard practice prior to the implementation of PYATT. Through the use of interagency cooperation, the Bureau of Liquor Enforcement (BLE) and DPHS are working collaboratively through a memorandum of understanding to conduct retail outlet compliance inspections. Additionally, substance abuse

prevention contractors are working together with DPHS and BLE to recruit youth to participate in tobacco outlet inspections.

In order to facilitate meeting SAMHSA's Synar reporting requirements, DPHS is also developing a data system to track both Synar and enforcement inspections. This data system will significantly assist the State in tracking the conduct of inspections, as well as the outcome of each inspection. This data system will also assist the State in conducting coverage studies to assess the completeness of its tobacco retailer list, which serves as the State's list frame for the Synar survey.

The final components of the PYATT plan are merchant education and community education. DPHS seeks to coordinate merchant education activities with BLE, tobacco prevention and cessation programs, and Alcohol, Tobacco, and Other Drug Services (ATODS). The goal of this coordination will be to develop a comprehensive clearinghouse of merchant education materials for the general public and the business community to expand the State's current reach of merchant education. The State seeks to achieve similar results for its community education efforts. DPHS seeks to coordinate an inventory of all practices and materials relating to tobacco control, prevention, and cessation across the State, including materials used by the tobacco prevention and cessation program, ATODS, the DPHS library, and community tobacco prevention coalitions. This inventory process will identify the educational assets, target audiences, methods of distribution, and estimated reach of all community education materials pertaining to tobacco prevention and control that are currently used across the State. This inventory will assist the State in understanding what materials are currently in use across the State and where to target additional community education activities.

Each component of the PYATT plan incorporates elements that SAMHSA recommends as best practices for youth tobacco control programming. Through the development of each PYATT component, DPHS seeks to implement best practices to meet the specific needs of the State. Decisions regarding program selection, modification, or augmentation will be supported by the findings of the needs and resource assessments conducted for each component of the PYATT plan. By following the SPF process, New Hampshire is developing a tobacco control program with measurable outcomes that will be evaluated and modified to meet the ever-changing conditions within the State. This process will ensure the accountability, capacity, and effectiveness of each PYATT element.

## Texas

The Texas Department of State Health Services (DSHS) was reorganized in 2004, merging the Department of Health with the Texas Commission of Alcohol and Drug Abuse and the mental health division of the Texas Department of Mental Health and Mental Retardation. This major consolidation of State programs, divisions, and departments was conducted in an effort to increase the overall efficiency of DSHS by maximizing State resources. All tobacco prevention and control activities now reside within the Mental Health and Substance Abuse division within DSHS. This merger allows Texas to manage tobacco programming in a consolidated manner and to maximize resources, both human and fiscal. Specifically, the Mental Health and Substance Abuse division now manages the SAPT Block Grant; the tobacco portion of the CDC's Collaborative Chronic Disease, Health Promotion, and Surveillance Program cooperative agreement; State general revenue funds; and State Tobacco Settlement funds. This merger of tobacco programming was extremely timely for DSHS. The Texas Legislature mandated DSHS to develop a comprehensive tobacco prevention and control grant program, which is funded through State Tobacco Settlement funds.

In response to this mandate, the Mental Health and Substance Abuse division has created the Tobacco Prevention and Control Coalition (TPCC) program in six target areas of the State. All programming processes and decisions are based on data-driven decisionmaking following the SPF process to assess, plan, execute, and evaluate all statewide tobacco prevention and control programming. This process utilizes the SPF public health approach tailored to tobacco prevention and control. TPCC allows the State to utilize a broad approach to tobacco programming that is enhanced by the restructuring of State programming. DSHS will emphasize leveraging community coalition assets and resources during the SPF process.

Using the SPF process allows Texas to streamline all tobacco prevention and control activities, including the execution of the Synar survey, enforcement, merchant education, and community education activities. This process allows the State to target programming to areas of greatest need, as identified by the strategic planning process, and to implement evidence-based programming to meet these critical needs. This process also allows Texas to develop a consolidated prevention and control message which will be articulated across all components of the tobacco program. Interagency communication is a priority component of this process. Managers from the Mental Health and Substance Abuse division's tobacco program and the Health Promotion and Chronic Disease Prevention section of the Prevention and Preparedness Services division meet on a quarterly basis to work collaboratively and stay apprised of individual program activities related to tobacco issues. This process allows Texas to continue to meet and exceed Synar regulatory requirements.

## Conclusion

The results of random, unannounced inspections required by the Synar Amendment and its implementing Regulation show that States have made significant progress in enforcing youth tobacco access laws and in reducing the percentage of retailers who sell tobacco products to minors. Over the past 12 years, all States and DC have reached the overall Synar goal, achieving an RVR of no more than 20 percent; the other U.S. jurisdictions are continuing to develop and improve their Synar programs.

In monitoring the progress of the States and jurisdictions, SAMHSA has observed that States meeting their Synar goals tend to share certain characteristics. Generally, they employ a comprehensive strategy combining vigorous enforcement efforts, political support from the State government, and a climate of active social norms that discourage youth tobacco use. Tobacco access control programs in these States also tend to be well coordinated and include an array of strategies, such as targeted merchant and community education, media advocacy, and use of community coalitions to mobilize community support for restricting youth access to tobacco.

SAMHSA plans to continue to provide extensive TA to the States to assist them in implementing these comprehensive strategies, with the goal of eliminating the availability of tobacco products to minors, and so spare future generations the long-term disease and death attributable to tobacco use.

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